

**HUNA HERITAGE FOUNDATION  
CULTURAL ASSISTANCE PROGRAM  
(Please PRINT neatly or TYPE this application)**

NAME: \_\_\_\_\_  
  LAST  FIRST  MIDDLE

HOME ADDRESS: \_\_\_\_\_  
  BOX/STREET  CITY  STATE  ZIP

SCHOOL ADDRESS: \_\_\_\_\_  
  BOX/STREET  CITY  STATE  ZIP

PHONE#: (HM) \_\_\_\_\_ (WK) \_\_\_\_\_ (SCHOOL) \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

SOCIAL SECURITY#: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

ARE YOU A HUNA TOTEM SHAREHOLDER? \_\_\_\_\_ ENROLLMENT#: \_\_\_\_\_

OR A DESCENDANT? YES \_\_\_\_\_ NO \_\_\_\_\_ OF WHOM?: \_\_\_\_\_

NAME OF PARENTS:(FATHER) \_\_\_\_\_ (MOTHER) \_\_\_\_\_

HUNA TOTEM SHAREHOLDER NUMBERS:(FATHER) \_\_\_\_\_ (MOTHER) \_\_\_\_\_

**Identify the traditional art form/practice you intend to study:**

Wood Carving \_\_\_\_\_ Basket Weaving \_\_\_\_\_ Jewelry Carving \_\_\_\_\_ Dancin/singing \_\_\_\_\_

Regalia \_\_\_\_\_ Oral History/Legends \_\_\_\_\_ Language Study \_\_\_\_\_ Sewing/Beading \_\_\_\_\_

Blanket Making \_\_\_\_\_ Medicine \_\_\_\_\_ Other(explain) \_\_\_\_\_

Where will the classes or projects take place? \_\_\_\_\_  
\_\_\_\_\_

When will the class/project begin? \_\_\_\_\_ Completion Date? \_\_\_\_\_

**APPLICANT'S STATEMENT**  
**HUNA HERITAGE CULTURAL ASSISTANCE PROGRAM**

**PERSONAL HISTORY: Information about your family and Clan.**

---

---

---

---

---

---

---

---

---

---

**How will this grant will help you, what are your plans to utilize the Art Form or knowledge in the future?**

---

---

---

---

---

---

---

---

---

---

**FINANCIAL ASSISTANCE**

**COST OF TRAINING:**

TUITION FEES..... \$ \_\_\_\_\_  
MATERIALS(Related to training)..... \$ \_\_\_\_\_  
OTHER (Related to training)..... \$ \_\_\_\_\_  
Total Cost..... \$ \_\_\_\_\_

**RESOURCES AVAILABLE**

PERSONAL CONTRIBUTION..... \$ \_\_\_\_\_  
OTHER SCHOLARSHIPS..... \$ \_\_\_\_\_  
Total resources Available..... \$ \_\_\_\_\_

**NEEDS: (To determine need, subtract resources from cost)**

TOTAL COST..... \$ \_\_\_\_\_  
TOTAL RESOURCES AVAIBLE..... \$ \_\_\_\_\_  
AMOUNT NEEDED..... \$ \_\_\_\_\_

**I certify that the information I have provided is true to the best of my knowledge.**

---

**Signature of Applicant**

**Date**

Applicant's Name \_\_\_\_\_